

FORM
5A

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400224079

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 47120 4. Contact Name: Cindy Vue
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832
3. Address: P O BOX 173779 Fax: (720) 929-7832
City: DENVER State: CO Zip: 80217-

5. API Number 05-123-22542-00 6. County: WELD
7. Well Name: FRITZLER Well Number: 2-22
8. Location: QtrQtr: NWNE Section: 22 Township: 4N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 03/08/2010 Date of First Production this formation: 10/28/2005
Perforations Top: 7224 Bottom: 7240 No. Holes: 64 Hole size: 0.38

Provide a brief summary of the formation treatment: Open Hole: ☐

1/5/10-3/12/10 TEMPORARILY ABANDONED FOR NBRR RECOMPLETE
3/12/2010 COMMINGLED WITH NBRR FORMATION

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production:

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 03/08/2010 Date of First Production this formation: 03/12/2010

Perforations Top: 6928 Bottom: 7240 No. Holes: 124 Hole size: 0.38

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

NB PERF 6928-7118 HOLES 60 SIZE 0.42 CD PERF 7224-7240 HOLES 64 SIZE 0.38
 COMMINGLED NBRR AND CODL FORMATIONS 3/12/2010.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 03/12/2010 Hours: 24 Bbls oil: 3 Mcf Gas: 89 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 3 Mcf Gas: 89 Bbls H2O: 0 GOR: 29667

Test Method: FLOWING Casing PSI: 900 Tubing PSI: 800 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1230 API Gravity Oil: 64

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7185 Tbg setting date: 03/08/2010 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 12/07/2009 Date of First Production this formation: 01/05/2010

Perforations Top: 6928 Bottom: 7118 No. Holes: 60 Hole size: 0.42

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

COMMINGLED WITH CODL FORMATION 3/12/2010.

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Cindy Vue

Title: Regulatory Analyst II Date: 11/16/2011 Email Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Name
400224079	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)